

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2026, covering calendar year ending December 31, 2025.
Use FORM PFS—INSTRUCTION GUIDE when completing this form.

PAGE #
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ACCOUNT #
00090567

1 NAME	TITLE; FIRST; MI James	OFFICE USE ONLY	
	NICKNAME; LAST; SUFFIX Jim Bethke		
2 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 	Date Received	
	☐ (CHECK IF FILER'S HOME ADDRESS)	Receipt #	
		HD / PM	Amount
		Date Processed	
3 TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION (000) 000-0000	Date Imaged	
4 REASON FOR FILING STATEMENT	☒ CANDIDATE <u>Criminal District Attorney</u> (INDICATE OFFICE)		
	☐ ELECTED OFFICER (INDICATE OFFICE)		
	☐ APPOINTED OFFICER (INDICATE AGENCY)		
	☐ EXECUTIVE HEAD (INDICATE AGENCY)		
	☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT		
	☐ STATE PARTY CHAIR (INDICATE PARTY)		
	☐ OTHER (INDICATE POSITION)		

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE 

DEPENDENT CHILD

1. _____
2. _____
3. _____

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Bethke, James	FILER ID [REDACTED]
2 INFORMATION RELATES TO	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
3 EMPLOYMENT ☒ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) EMPLOYER Bexar County ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 203 W Nueva St, Ste 210 San Antonio, TX 78207 POSITION HELD Executive Director, Managed Assigned Counsel Office NATURE OF OCCUPATION	
☐ SELF-EMPLOYED		

INFORMATION RELATES TO	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
EMPLOYMENT ☒ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) EMPLOYER State of Texas ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 200 E 18th Street Austin, TX 78701 POSITION HELD Retired NATURE OF OCCUPATION	
☐ SELF-EMPLOYED		

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$2,220 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Bethke, James	FILER ID [REDACTED]
2 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	[REDACTED]	
3 LIABILITY OF	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
4 GUARANTOR	NONE	
5 AMOUNT	At least \$11,120 but less than \$22,240	

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and DO NOT include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Bethke, James	FILER ID [REDACTED]
2 HELD OR ACQUIRED BY	☒ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____	
3 STREET ADDRESS ☐ NOT AVAILABLE ☐ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [REDACTED]	
4 DESCRIPTION ☐ LOTS ☒ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED [REDACTED]	
5 NAMES OF PERSONS RETAINING AN INTEREST ☒ NOT APPLICABLE (SEVERED MINERAL INTEREST)		
6 IF SOLD ☐ NET GAIN ☐ NET LOSS		

INTERESTS IN REAL PROPERTY

PART 7A

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When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Bethke, James	FILER ID [REDACTED]
2 HELD OR ACQUIRED BY	☒ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____	
3 STREET ADDRESS ☐ NOT AVAILABLE ☐ CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [REDACTED]	
4 DESCRIPTION ☐ LOTS ☒ ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 0.50000 acres Bexar	
5 NAMES OF PERSONS RETAINING AN INTEREST ☒ NOT APPLICABLE (SEVERED MINERAL INTEREST)		
6 IF SOLD ☐ NET GAIN ☐ NET LOSS		

PART. 12

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS-INSTRUCTION GUIDE.

1 FILER INFORMATION	FILER NAME Bethke, James	FILER ID [REDACTED]
2 ORGANIZATION	Texas Indigent Defense Commission	
3 POSITION HELD	Vice-Chair	
4 POSITION HELD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	

ORGANIZATION	San Antonio Criminal Defense Lawyers
POSITION HELD	Board Member
POSITION HELD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

ORGANIZATION	National Association of Public Defense (NAPD)
POSITION HELD	Board Member
POSITION HELD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

ORGANIZATION	Samaritan Health Ministries
POSITION HELD	Board Member
POSITION HELD BY	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
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PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. *If you place a check in a box, do NOT include pages for that Part in the report.*

6 PARTS NOT APPLICABLE TO FILER

- ☐ N/A Part 1A - Sources of Occupational Income
- ☒ N/A Part 1B - Retainers
- ☒ N/A Part 2 - Stock
- ☒ N/A Part 3 - Bonds, Notes & Other Commercial Paper
- ☒ N/A Part 4 - Mutual Funds
- ☒ N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- ☐ N/A Part 6 - Personal Notes and Lease Agreements
- ☐ N/A Part 7A - Interests in Real Property
- ☒ N/A Part 7B - Interests in Business Entities
- ☒ N/A Part 8 - Gifts
- ☒ N/A Part 9 - Trust Income
- ☒ N/A Part 10A - Blind Trusts
- ☒ N/A Part 10B - Trustee Statement
- ☒ N/A Part 11A - Business Associations
- ☒ N/A Part 11B - Assets of Business Associations
- ☒ N/A Part 11C - Liabilities of Business Associations
- ☐ N/A Part 12 - Boards and Executive Positions
- ☒ N/A Part 13 - Expenses Accepted Under Honorarium Exception
- ☒ N/A Part 14 - Interest in Business in Common with Lobbyist
- ☒ N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- ☒ N/A Part 16 - Representation by Legislator Before State Agency
- ☒ N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- ☒ N/A Part 18 - Legislative Continuances
- ☒ N/A Part 19 - Contracts with Governmental Entity
- ☒ N/A Part 20 - Bond Counsel Services Provided by a Legislator

TEXT ANNOTATION

Sch: 1/1 Rpt: 9/9

FILER NAME

Bethke, James

Filer ID (Ethics Commission Filers)

Schedule

PFSPART6

Information entered by filer as a memo:

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

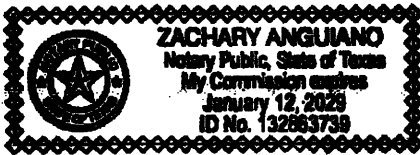
The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2025, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.



Signature of Filer



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James Bethke, this the 12th day of February, 2026, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Zachary Anguiano

Printed name of officer administering oath

Member Relationship Mgr / Notary

Title of officer administering oath